

WRITE FREELY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.

CERTIFICATE AMENDED

SEE NOTATION

first name Corry middle name entered by
affidavit of Registrar and
Military papers (7-7-69 bms)

ARIZONA STATE BOARD OF HEALTH

1. County of Graham
District of Safford
Town of _____
or Pima
City of Pima
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 180
County Registrar No. _____
Local Registrar No. 105

2. Full name of child Kenneth Allen Lines
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male
To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. 7
6. Legitimate? yes
7. Date of birth Aug 8-28
Month day year

8. FATHER		14. MOTHER	
Full name <u>Alvin Lines</u>		Full maiden name <u>Allie Stinson</u>	
9. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>43</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>39</u> (Years)
12. Birthplace (city or place) <u>Pima</u> (State or country) <u>Ariz</u>		18. Birthplace (city or place) <u>Alabama</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from _____
Signature R. L. Hayden M.D.
(Physician or midwife)

Address Pima Ariz
Month, day, year. _____
Filed Sept. 8, 1928
Local Registrar.

Registrar.

Filed

19

County Registrar.

232 - 708 - 125